

Receipt #
Register #

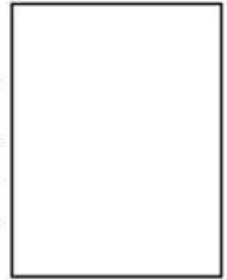


GOVERNMENT NURSES' ASSOCIATION OF NEPAL

Yati Plaza, Bagbazar, Kathmandu

Ph No. 9841353399, 9841440377, 9841450244, Email: kstha.2027@gmail.com

APPLICATION FORM For..... Member



Name : _____

Date of Birth : _____ Sex _____ Citizenship _____

Address _____

Permanent _____

Present (If other than permanent address) _____

Professional Status

Designation _____ Office _____

Professional qualification/s

Degree/Diploma/Certificate/Fellowship etc	University/Institution	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Training (s) related with
Name of the Training

Organised by

Period of training date

Name of the Training	Organised by	Period of training date
_____	_____	_____
_____	_____	_____
_____	_____	_____

JOB EXPERIENCE

I hereby declare that the above statements are true and shall abide by the rules & regulation of the constitution of the Government Nurses' Association of Nepal. I will inform GoNAN in case of any change in above details.
Enclosure:

1. Passport Size Photo 3 pc
2. Photocopy of Citizenship Certificate
3. Certification of registration-NNC Nepal Nursing Council
4. PIS

Applicant's Signature

Date _____

SPONSORED BY: _____
Signature

FOR THE USE OF ADMINISTRATION

Name: _____

1. Life Member Ship fee _____

2. General Member Ship fee _____

Date _____

Cash/Bank Voucher, Bank A/C No.: _____

Administrators

President